

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**FILING DATE**

**APPLICANT(S)**

09/890140

**CLAIMS**

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS**

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office